

Contact Information

Office of the Registrar
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Purchase, NY 10577

Phone: 914.251.6361

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Email: Registrar@Purchase.edu

Web: www.purchase.edu/registrar

TRANSCRIPT REQUEST FORM

Instructions:

Complete a separate request form for each address. **Transcripts will not be sent for a student with outstanding debts.** Transcripts from other institutions cannot be duplicated; contact those institutions directly. Requests will be honored as quickly as possible; during peak periods of registration there may be some delay. *If filling this out on paper, please use blue or black ink.*

Basic Information

Last Name, First Name: _____ Previous Name: _____

Street Address: _____ Last 4 of SSN or Student ID: _____

City, State, Zip: _____ Date of Birth: _____

Phone Number: _____

Signature (required): _____

Order Information - Check All that Apply

Transcript Level	Transcript Type	Student Status	Handling Instructions
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Both	<input type="checkbox"/> Official to Institution <input type="checkbox"/> Official to Student <input type="checkbox"/> Unofficial Transcript	<input type="checkbox"/> I'm currently enrolled in a degree program <input type="checkbox"/> I'm sending to another SUNY institution <input type="checkbox"/> I'm a Visiting Student <input type="checkbox"/> I'm Withdrawn <input type="checkbox"/> I graduated from Purchase in _____ <input type="checkbox"/> I studied abroad <input type="checkbox"/> I attended prior to Spring 1992	<input type="checkbox"/> Send now <input type="checkbox"/> Wait for this semester's grade(s) <input type="checkbox"/> Wait for degree to be posted Number of copies (up to 5): _____ Deadline (if applicable): _____

Delivery Method

Transcripts cannot be emailed, no exceptions.

Hold for pick-up

Please Note: Transcripts will be held for pick-up in the Registrar's Office for no more than four weeks.

Mail to (full address required):
